Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

| | | CLAIMS A | S FILED - (Column | | (Column 2) | | | SMALL ENTITY TYPE | | OF | OTHER THA | |
|--|--|---|----------------------|-----------------------------------|--------------|------------------|----------|-------------------|---|---------------|---------------------|------------------------|
| TOTAL CLAIMS | | | 24 | | - | | Г | RATE | FEE | ٦ | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | [| BASIC FE | 385.00 | OR | BASIC FEE | 770.00 |
| TOTAL CHARGEABLE CLAIMS | | | ₩ minus 20= | | · 4 | | | XS 9= | 34 | OR | X\$18= | |
| INDEPENDENT CLAIMS | | | m ک | inus 3 = | * | | | X43= | | - | X86= | <u></u> |
| MULTIPLE DEPENDENT CLAIM PI | | | RESENT | | - | | | | | OR | | <u> </u> |
| * If the difference in column 1 is less than zero, enter | | | | | "0" in (| column 2 | L | +145= | <u> </u> | OR | +290= | |
| | | | | | | | | TOTAL | 42/ | OR | TOTAL | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | SMALL | ENTITY | OR | OTHER SMALL | |
| | | CLAIMS | | HIGH | | (Column 3) | . – | | , | - `` ı | | |
| AMENDMENT A | · | REMAINING AFTER AMENDMENT | | NUME PREVIO PAID F | BER | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | XS 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | | = | | X43= | | OR | X86= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | ; +145= | | 1 | . 200 | |
| | | | | | | | | +145= | | OR | +290= | |
| | 1,12,15 | | | | | | | | | OR , | TOTAL ADDIT. FEE | |
| | | (Column 1) | | (Colum | | (Column 3) | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIĞHE NUMB PREVIO PAID F | ER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | , 1 |
| | Independent | NTATION OF MU | Minus | *** | CI A114 | = | | X43= | | OR | .X86= | |
| | TINOTFILISE | INTATION OF MIC | CTIPCE DEP | ENDENT | CLAIM | | | +145= | | OR | +290= | |
| | | | | | | | | TOTAL DIT. FEE | | OR . | TOTAL | |
| | (Column 1) (Column 2) (Column 3) | | | | | | | | | ГА | ODIT. FEE | |
| | ` | CLAIMS | | HIGHE | | (00:0:1:1:0) | _ | | | _ | | |
| MEN | | REMAINING AFTER AMENDMENT | | NUMBI PREVIOU PAID FO | ER JSLY | PRESENT EXTRA | F | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** • | | = | | (\$ 9= | <u> </u> | OR | X\$18= | _ <u> </u> |
| | Independent | | Minus | *** . | | = | 上, | X43= | _ | - 1 | X86= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | OR | ∧00= | |
| * If the entry in column 1 is less than the entry in column 2 | | | | | | | | | | OR | +290= | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **TOTAL ADDIT. FEE The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |